



# Church of the Lakes

## Sport Program Registration and Wavier

### ADULT

**Return to:** Church of the Lakes  
Attn: Jordan Weaver  
5944 Fulton Dr. NW  
Canton, OH 44718

**Player's Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender (please circle) Male / Female      DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

**Program Information:**

Sport \_\_\_\_\_

Season (please circle)    FALL                  WINTER                  SPRING                  SUMMER

Year \_\_\_\_\_

Fee \_\_\_\_\_ Please make checks payable to Church of the Lakes

**Waiver and Informed Consent Statement:**

In consideration of my participation in the activities of the Church of the Lakes, I do hereby declare that I am medically able to participate in the activities offered by the Church of the Lakes. I understand that there are risks, which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold the Church of the Lakes and their respective officers, employees, members, volunteers and sponsors free from any and all liability and do hereby for myself, my heirs, executors and administrators, waive all rights and claims for damages which I may have or which may accrue due to my participation in any of the activities of the Church of the Lakes. I understand and acknowledge the particular hazards in my participation in the sport listed above. I give my permission to the staff to secure appropriate medical treatment in the case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities that I caused except for normal wear and tear.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date